

KL JESNER

# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE

OF

PAGES

1.

TYPE OF  
PAYMENT  
REQUESTED

a. "X" one or both boxes

☐ ADVANCE

☒ REIMBURSE-  
MENT

b. "X" the applicable box

☐ FINAL

☒ PARTIAL

2. BASIS OF REQUEST

☒ CASH

☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO  
WHICH THIS REPORT IS SUBMITTED

U. S. Environmental Protection Agency

4. FEDERAL GRANT OR OTHER  
IDENTIFYING NUMBER ASSIGNED  
BY FEDERAL AGENCY

1-97298303-1

5. PARTIAL PAYMENT REQUEST  
NUMBER FOR THIS REQUEST

3

6. EMPLOYER IDENTIFICATION  
NUMBER

22-1945455

7. RECIPIENT'S ACCOUNT NUMBER  
OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

01/01/2007

TO (month, day, year)

03/31/2007

9. RECIPIENT ORGANIZATION

Name: Passaic River Coalition

Number  
and Street: 94 Mount Bethel Road

City, State  
and ZIP Code: Warren, NJ 07059

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Number  
and Street:

City, State  
and ZIP Code:

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►		(a)	(b)	(c)	TOTAL
		Technical Assistance			
a. Total program outlays to date	(As of date)	\$ 19,161.69	\$	\$	\$ 19,161.69
b. Less: Cumulative program income		0.00			0.00
c. Net program outlays (Line a minus line b)		19,161.69	0.00	0.00	19,161.69
d. Estimated net cash outlays for advance period		0.00			0.00
e. Total (Sum of lines c & d)		19,161.69	0.00	0.00	19,161.69
f. Non-Federal share of amount on line e		3,143.81			3,143.81
g. Federal share of amount on line e		16,017.88			16,017.88
h. Federal payments previously requested		11,708.30			11,708.30
i. Federal share now requested (Line g minus line h)		4,309.58	0.00	0.00	4,309.58
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	0.00			0.00
	2nd month	0.00			0.00
	3rd month	0.00			0.00

## 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

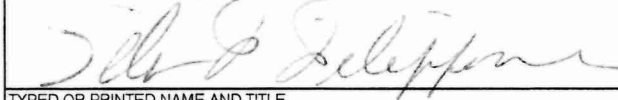
V3



## CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

Ella F. Filippone, Executive Administrator

DATE REQUEST  
SUBMITTED

June 7, 200

TELEPHONE (AREA  
CODE, NUMBER,  
EXTENSION)

(908) 222-C

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

## INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry  |
|------|--|
| 2    | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.  |
| 4    | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6    | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.   |
| 7    | This space is reserved for an account number or other identifying number that may be assigned by the recipient.  |
| 8    | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.  |

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program,

- | Item | Entry   |
|------|---|
|      | activity. If additional columns are needed, additional forms as needed and indicate page space provided in upper right; however, totals of all programs, functions, or activities shown in the "total" column on the first page.  |
| 11a  | Enter in "as of date," the month, day, and year ending of the accounting period to which applies. Enter program outlays to date (net rebates, and discounts), in the appropriate requests prepared on a cash basis, outlay of actual cash disbursements for goods, the amount of indirect expenses charged, the kind contributions applied, and the amount of advances and payments made to subrecipient. For requests prepared on an expenditure basis, outlays are the sum of cash disbursements, the amount of indirect amounts owed by the recipient for goods, property received and for services for employees, contracts, subgrantees and other. |
| 11b  | Enter the cumulative cash income received requests are prepared on a cash basis. prepared on an accrued expenditure basis: cumulative income earned to date. Under enter only the amount applicable to program was required to be used for the project or the terms of the grant or other agreement.  |
| 11d  | Only when making requests for advance enter the total estimated amount of cash or be made during the period covered by the advance.   |
| 13   | Complete the certification before submitting  |



To: Frank Barone  
Grants and Contracts Management Branch, OPM/GCMB  
Region 2, U.S. Environmental Protection Agency  
290 Broadway  
New York, NY 10007-1866

From: Ella F. Filippone, Executive Administrator  
Passaic River Coalition  
94 Mount Bethel Road  
Warren, NJ 07059

Re: Technical Assistance Grant for Diamond Alkali Site  
Agreement No. 1972983-03-1  
1 January 2007 through 31 March 2007

Date: 6 April 2007

**Total Expenditures for Quarter: \$4,505.93**

**Federal Share of Expenditures for Technical Assistance (TA):**

	<i>Hours</i>	<i>Hourly Rate</i>	<i>Amount</i>
Personnel Costs:			
Ella F. Filippone, Project Manager (EFF)	28.75	\$51.00	\$1,466.25
Eugene Reynolds, Environmental Specialist (ER)	3.00	\$29.00	\$87.00
Catherine Kelleher, Administrative Assistant (CK)	0.00	\$22.00	\$0.00
Total:	31.75		\$1,553.25
Fringe Benefits:			\$155.33
Contractual: Technical Assistance Activities			
Anne L. Kruger, Ph.D.	72.25	\$36.00	\$2,601.00
Total Expenditures:			<b>\$4,309.58</b>

**Passaic River Coalition Share of Expenditures for Project Administration (PA):**

	<i>Hours</i>	<i>Hourly Rate</i>	<i>Amount</i>
Personnel Costs:			
Ella F. Filippone, Project Manager (EFF)	3.50	\$51.00	\$178.50
Eugene Reynolds, Environmental Specialist (ER)	0.00	\$29.00	\$0.00
Catherine Kelleher, Administrative Assistant (CK)	0.00	\$22.00	\$0.00
Total:	3.50		\$178.50
Fringe Benefits:			\$17.85
Total Expenditures:			<b>\$196.35</b>

